

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning 07/01, 2005, and ending 06/30/2006**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

VIETNOW NATIONAL HEADQUARTERS

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1835 BROADWAY

City or town, state or country, and ZIP + 4

ROCKFORD, IL 61104

D Employer identification number

36-3420947

E Telephone number

(815) 227-5100

F Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☒ No
(If "No," attach a list. See instructions.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website: ▶ N/A**J** Organization type (check only one) ☒ 501(c)(19) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,014,501.**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

| | | | | | |
|---|--|----------------|------------|-----------|--|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | | | | |
| | a Direct public support | 1a | 1,970,552. | | |
| | b Indirect public support | 1b | | | |
| | c Government contributions (grants) | 1c | | | |
| | d Total (add lines 1a through 1c) (cash \$ 1,970,552. noncash \$) | 1d | 1,970,552. | | |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | | |
| | 3 Membership dues and assessments | 3 | 10,065. | | |
| | 4 Interest on savings and temporary cash investments | 4 | 31,184. | | |
| | 5 Dividends and interest from securities | 5 | | | |
| | 6a Gross rents | 6a | | | |
| | b Less rental expenses | 6b | | | |
| | c Net rental income or (loss) (subtract line 6b from line 6a) | 6c | 2,700. | | |
| | 7 Other investment income (describe ▶) | 7 | | | |
| | 8a Gross amount from sales of assets other than inventory | (A) Securities | 8a | (B) Other | |
| | b Less cost or other basis and sales expenses | | 8b | | |
| | c Gain or (loss) (attach schedule) | | 8c | | |
| | d Net gain or (loss) (combine line 8c, columns (A) and (B)) | | 8d | | |
| | 9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/> | | | | |
| | a Gross revenue (not including \$ of contributions reported on line 1a) | 9a | | | |
| | b Less direct expenses other than fundraising expenses | 9b | | | |
| | c Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | |
| b Less cost of goods sold | 10b | | | | |
| c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10c | | | | |
| 11 Other revenue (from Part VII, line 103) | 11 | | | | |
| 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | 2,014,501. | | | |
| 13 Program services (from line 44, column (B)) | 13 | 206,006. | | | |
| 14 Management and general (from line 44, column (C)) | 14 | 86,885. | | | |
| 15 Fundraising (from line 44, column (D)) | 15 | 1,748,726. | | | |
| 16 Payments to affiliates (attach schedule) | 16 | | | | |
| 17 Total expenses (add lines 16 and 44, column (A)) | 17 | 2,041,617. | | | |
| 18 Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | -27,116. | | | |
| 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | 928,853. | | | |
| 20 Other changes in net assets or fund balances (attach explanation) | 20 | | | | |
| 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | 901,737. | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|------------|------------|----------------------|----------------------------|-----------------|
| 22 Grants and allocations (attach schedule) | 22 | | | | |
| (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | 58,764. | 58,764. | | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | | |
| 25 Compensation of officers, directors, etc | 25 | NONE | | | |
| 26 Other salaries and wages | 26 | 31,946. | 15,968. | 15,978. | |
| 27 Pension plan contributions | 27 | NONE | | | |
| 28 Other employee benefits | 28 | | | | |
| 29 Payroll taxes | 29 | 178. | 89. | 89. | |
| 30 Professional fundraising fees | 30 | 1,748,726. | | | 1,748,726. |
| 31 Accounting fees | 31 | | | | |
| 32 Legal fees | 32 | 16,975. | 6,372. | 10,603. | |
| 33 Supplies | 33 | 4,329. | | 4,329. | |
| 34 Telephone | 34 | 8,550. | 3,420. | 5,130. | |
| 35 Postage and shipping | 35 | 6,351. | 1,861. | 4,490. | |
| 36 Occupancy | 36 | | | | |
| 37 Equipment rental and maintenance | 37 | 4,196. | 2,098. | 2,098. | |
| 38 Printing and publications | 38 | 17,182. | 17,182. | | |
| 39 Travel | 39 | 18,231. | 6,762. | 11,469. | |
| 40 Conferences, conventions, and meetings | 40 | 13,398. | 13,398. | | |
| 41 Interest | 41 | | | | |
| 42 Depreciation, depletion, etc. (attach schedule) | 42 | 5,342. | 2,137. | 3,205. | |
| 43 Other expenses not covered above (itemize) | | | | | |
| a STMT 1 | 43a | 107,449. | 77,955. | 29,494. | |
| b | 43b | | | | |
| c | 43c | | | | |
| d | 43d | | | | |
| e | 43e | | | | |
| f | 43f | | | | |
| g | 43g | | | | |
| 44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15). | 44 | 2,041,617. | 206,006. | 86,885. | 1,748,726. |

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE SCHEDULE D**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a **SEE SCHEDULE E**

(Grants and allocations \$) If this amount includes foreign grants, check here ☐ **206,006.**

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **206,006.**

Form **990** (2005)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | | (B) End of year |
|--|---|--------------------------|---------------------|--------------------|
| Assets | 45 Cash - non-interest-bearing | 553,763. | 45 | 532,725. |
| | 46 Savings and temporary cash investments | 243,982. | 46 | 256,281. |
| | 47a Accounts receivable | 47a | | |
| | b Less allowance for doubtful accounts | 47b | 47c | |
| | 48a Pledges receivable | 48a 3,751. | | |
| | b Less allowance for doubtful accounts | 48b | 15,652. | 48c 3,751. |
| | 49 Grants receivable | | 49 | |
| | 50 Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51a Other notes and loans receivable (attach schedule) | 51a | | |
| | b Less allowance for doubtful accounts | 51b | 51c | |
| | 52 Inventories for sale or use | 8,849. | 52 | 7,455. |
| | 53 Prepaid expenses and deferred charges | 2,641. | 53 | 2,641. |
| | 54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54 | |
| | 55a Investments - land, buildings, and equipment basis | 55a | | |
| | b Less accumulated depreciation (attach schedule) | 55b | 55c | |
| 56 Investments - other (attach schedule) | | 56 | | |
| 57a Land, buildings, and equipment basis | 57a 200,806. | | | |
| b Less accumulated depreciation (attach schedule) | 57b 94,197. | 111,951. | 57c 106,609. | |
| 58 Other assets (describe <input type="checkbox"/>) | | 58 | | |
| 59 Total assets (must equal line 74) Add lines 45 through 58 | 936,838. | 59 | 909,462. | |
| Liabilities | 60 Accounts payable and accrued expenses | 7,985. | 60 | 7,725. |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 64a | |
| | b Mortgages and other notes payable (attach schedule) | | 64b | |
| | 65 Other liabilities (describe <input type="checkbox"/>) | | 65 | |
| 66 Total liabilities. Add lines 60 through 65 | 7,985. | 66 | 7,725. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | |
| | 67 Unrestricted | 928,853. | 67 | 901,737. |
| | 68 Temporarily restricted | | 68 | |
| | 69 Permanently restricted | | 69 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74 | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| | 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) | 928,853. | 73 | 901,737. |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 936,838. | 74 | 909,462. |

| | |
|-----|----|
| Yes | No |
|-----|----|

| | |
|-----|---|
| 75b | X |
|-----|---|

| | | |
|-----|--|---|
| | | |
| 75c | | X |

| | | |
|-----|--|---|
| 75d | | X |
|-----|--|---|

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| Part VI Other Information (See the instructions.) | | Yes | No |
|---|--|-----|----|
|---|--|-----|----|

| | | |
|----|--|---|
| 76 | | X |
|----|--|---|

| | | |
|----|--|---|
| 77 | | X |
| | | |

| | |
|-----|---|
| 78a | X |
|-----|---|

| | |
|-----|-----|
| 78b | N/A |
|-----|-----|

| | |
|----|---|
| 79 | X |
|----|---|

| | |
|-----|---|
| 80a | X |
|-----|---|

[illegible]

| | |
|-----|---|
| 81b | X |
|-----|---|

Part VI Other Information (continued)

| | | Yes | No |
|------|---|-----------------------------|-----|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III). | | |
| 82b | N/A | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| 83 b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | N/A | |
| 84b | | | |
| 85 | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | N/A | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | N/A | |
| | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | |
| c | Dues, assessments, and similar amounts from members | N/A | |
| 85c | | | |
| d | Section 162(e) lobbying and political expenditures | N/A | |
| 85d | | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | N/A | |
| 85e | | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | N/A | |
| 85f | | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | N/A | |
| 85g | | | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | N/A | |
| 85h | | | |
| 86 | 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 | N/A | |
| 86a | | | |
| b | Gross receipts, included on line 12, for public use of club facilities | N/A | |
| 86b | | | |
| 87 | 501(c)(12) orgs Enter a Gross income from members or shareholders | N/A | |
| 87a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | N/A | |
| 87b | | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX. | N/A | |
| 88 | | | |
| 89 a | 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 | N/A | |
| | section 4912 | N/A | |
| | section 4955 | N/A | |
| b | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. | N/A | |
| 89b | | | |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | N/A | |
| d | Enter Amount of tax on line 89c, above, reimbursed by the organization | N/A | |
| 90 a | List the states with which a copy of this return is filed | SEE SCHEDULE H | |
| b | Number of employees employed in the pay period that includes March 12, 2005 (See instructions) | 1 | |
| 90b | | | |
| 91 a | The books are in care of | RICH SANDERS | |
| | Located at | 1835 BROADWAY, ROCKFORD, IL | |
| | Telephone no | (815) 227-5100 | |
| | ZIP + 4 | 61104 | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 91b | | | |
| | If "Yes," enter the name of the foreign country | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the United States? | | X |
| 91c | | | |
| | If "Yes," enter the name of the foreign country | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | 92 | N/A |

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|--------------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | 10,065. |
| 95 Interest on savings and temporary cash investments | | | 14 | 31,184. | |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | 16 | 2,700. | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 33,884. | 10,065. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 43,949. |

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| ▼ | SEE SCHEDULE D |
| | |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)




| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| STMT 2 | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

| | | | | |
|---|---|---|---------------|---|
| Please Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | |
| | Signature of officer  | | Date 12-14-08 | |
| Paid Preparer's Use Only | Type or print name and title  CPA | | 12/14/08 | |
| | Preparer's signature  | | Date | Check if self-employed <input type="checkbox"/> |
| Firm's name (or yours if self-employed), address, and ZIP + 4 | | Preparer's SSN or PTIN (See Gen. Inst. W) | | |
| FROST, RUTTENBERG & ROTHBLATT, P.C. | | P00230535 | | |
| 111 PFINGSTEN RD., SUITE 300 | | EIN 36-3402398 | | |
| DEERFIELD, IL 60015-4981 | | Phone no 847-236-1111 | | |

FORM 990, PART II - OTHER EXPENSES

| DESCRIPTION | TOTAL | PROGRAM SERVICES | MANAGEMENT AND GENERAL |
|-------------------------|----------|---------------------|---------------------------|
| ADVERTISING | 4,087. | 4,087. | |
| AUTO EXPENSE | 9,410. | 3,550. | 5,860. |
| BANK CHARGES | 286. | | 286. |
| CHARTER PROGRAM SUPPORT | 22,163. | 22,163. | |
| COMMITTEES | 42,988. | 42,988. | |
| DIRECTOR'S EXPENSE | 6,730. | 2,692. | 4,038. |
| INSURANCE | 2,653. | | 2,653. |
| MISCELLANEOUS EXPENSE | 2,153. | | 2,153. |
| OFFICE EXPENSE | 2,235. | | 2,235. |
| REAL ESTATE TAX EXPENSE | 459. | 230. | 229. |
| SECURITY | 668. | | 668. |
| OTHER FUNDRAISERS | 9,128. | | 9,128. |
| UTILITIES | 4,489. | 2,245. | 2,244. |
| TOTALS | 107,449. | 77,955. | 29,494. |

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES
=====

| NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER | PERCENTAGE OWNERSHIP INTEREST | NATURE OF BUSINESS ACTIVITIES | TOTAL INCOME | ENDING ASSETS |
|--|-------------------------------------|-------------------------------------|-----------------|------------------|
| ----- | ----- | ----- | ----- | ----- |

N/A

TOTAL INCOME

| | |
|-------|-------|
| ----- | ----- |
| ===== | ===== |

**ViệtNow National Headquarters
Board of Directors
(Fiscal Year July 1, 2005 – June 30, 2006)**

| | | |
|-----------------|--------------------------------|-----------------------|
| President: | Rich Sanders | (815) 288-5093 |
| | 1811 Hickory Lane | |
| | Dixon, Illinois 61021 | |
| Vice-President: | Jim Stepanek | (352) 489-1644 |
| | 1111 W. Harrow Lane | |
| | Citrus Springs, Florida 34434 | |
| Secretary: | Bill Kessling | (815) 456-2266 |
| | 1781 Iron Springs Road | |
| | Franklin Grove, Illinois 61031 | |
| Treasurer: | Terry Buscher | (708) 848-1932 |
| | 1035 Wenonah | |
| | Oak Park, Illinois 60304 | |
| Director: | Darrell Gilgan | (815) 335-2571 |
| | 611 South Goodling Street | |
| | Winnebago, Illinois 61088 | |
| Director: | John Augustynowicz | (630) 393-3170 |
| | 30W170 Oxford Drive | |
| | Warrenville, Illinois 60555 | |
| Director: | John Davis | (815) 756-6858 |
| | 126 West Taylor Street | |
| | DeKalb, Illinois 60115 | |
| Director: | Edward Banach | (908) 303-2448 Mobile |
| | 3021 John Street | |
| | Easton, PA 18045 | |

**Vietnow National Headquarters
Form 990**

Schedule D

Vietnow is a national veterans organization with the following aims and purposes:

1. Veterans helping veterans.
2. To help increase community awareness of the difficulties encountered by the veteran and their families.
3. To increase national awareness of the POW/MIA status in supporting other organizations involved in the effort of accountability and release of these veterans.
4. To preserve the integrity of Vietnow National Headquarters and to better serve the veteran. Vietnow will take no stand on religious, political, social, moral or any other issue which does not relate directly to the unique difficulties and issues of their families.
5. To help and assist in solving the unique physical, social and psychological difficulties of the veteran. These difficulties include, but are not limited to:
 - Delayed stress or readjustment difficulties.
 - Agent Orange.
 - Unemployment.
 - Substance abuse.
 - Family and community services.

**Vietnow National Headquarters
Form 990**

Schedule E

Description:

- PTSD – Providing assistance to veterans suffering from Post Traumatic Stress Disorder through a video self-help project.
- Scholarships – Providing college scholarships to dependents of Vietnam and post Vietnam era veterans.
- Homeless – Several hundred homeless persons are provided meals on a weekly basis, as well as assisting in nationwide projects to benefit the homeless community.
- POW/MIA – Awareness and education of the issues of prisoners of war and missing in action soldiers.
- Agent Orange – Awareness and resource referral.
- Veterans Administrator Volunteer Projects – Coordination and Funding.
- Women Veterans – Providing information to a networking with women veterans about issues that concern them.

VietNow National Headquarters
Form 990
Schedule H
36-3420947

Part VI, Line 90a:

List of states with which a copy of this return is filed:

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Florida
Georgia
Illinois
Indiana
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
New Hampshire
New Jersey
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Texas
Utah
Virginia
Washington
West Virginia
Wisconsin

Form **8868**

(Rev. December 2004)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete **only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only. ☐

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns.
Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

| | | |
|--|---|--------------------------------|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization | Employer identification number |
| | VIETNOW NATIONAL HEADQUARTERS | 36-3420947 |
| | Number, street, and room or suite no. If a P.O. box, see instructions | |
| | 1835 BROADWAY | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions | |
| | ROCKFORD, IL 61104 | |

Check type of return to be filed (file a separate application for each return).

| | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ _____

Telephone No. ▶ _____ FAX No. ▶ _____

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 2/15, 07, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning 07/01, 2005, and ending 06/30, 2006.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ None

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 12-2004)